

Inspector General

United States
Department *of* Defense



Guam Medical Plans Do Not Ensure Active Duty
Family Members Will Have Adequate
Access To Dental Care

Report Documentation Page			Form Approved OMB No. 0704-0188	
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1. REPORT DATE 25 JUL 2011	2. REPORT TYPE	3. DATES COVERED 00-00-2011 to 00-00-2011		
4. TITLE AND SUBTITLE Guam Medical Plans Do Not Ensure Active Duty Family Members Will Have Adequate Access To Dental Care			5a. CONTRACT NUMBER	
			5b. GRANT NUMBER	
			5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S)			5d. PROJECT NUMBER	
			5e. TASK NUMBER	
			5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Department of Defense Inspector General,400 Army Navy Drive,Arlington,VA,22202-4704			8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)			10. SPONSOR/MONITOR'S ACRONYM(S)	
			11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release; distribution unlimited				
13. SUPPLEMENTARY NOTES				
14. ABSTRACT				
15. SUBJECT TERMS				
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT Same as Report (SAR)	18. NUMBER OF PAGES 27
a. REPORT unclassified	b. ABSTRACT unclassified	c. THIS PAGE unclassified	19a. NAME OF RESPONSIBLE PERSON	

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Acronyms and Abbreviations

AD	Active Duty
ADFM	Active Duty Family Member
BUMED	Navy Bureau of Medicine and Surgery
CFR	Code of Federal Regulations
CONUS	Continental United States
CNMI	Commonwealth of the Northern Mariana Islands
DTF	Dental Treatment Facility
FTE	Full-Time Equivalent
HPSA	Health Professional Shortage Area
JGPO	Joint Guam Program Office
OCONUS	Outside Continental United States
TDP	TRICARE Dental Program
TMA	TRICARE Management Activity



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JUL 25 2011

MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)
NAVAL INSPECTOR GENERAL

SUBJECT: Guam Medical Plans Do Not Ensure Active Duty Family Members Will Have Adequate Access To Dental Care (Report No. D-2011-092)

We are providing this report for your information and use. We determined that DoD plans for providing dental care to active duty family members in Guam need improvement. This is the first in a series of reports regarding the adequacy of medical plans related to the realignment of military members and their families to Guam. We considered management comments on a draft of this report when preparing the final report.

Comments on the draft of this report conformed to the requirements of DoD Directive 7650.3 and left no unresolved issues. Therefore, we do not require any additional comments.

We appreciate the courtesies extended to the staff. Please direct questions to me at (703) 604-8866.

Alice F. Carey
Alice F. Carey
Assistant Inspector General
Readiness, Operations, and Support



Results in Brief: Guam Medical Plans Do Not Ensure Active Duty Family Members Will Have Adequate Access To Dental Care

What We Did

We evaluated DoD's plans for providing dental care to active duty family members (ADFs) in Guam in view of the anticipated growth in population resulting from the planned base closure in Okinawa and subsequent realignment to Guam. We recognize that population projections may change, which could have an impact on medical planning.

What We Found

DoD plans for providing dental care to ADFMs in Guam need improvement. Specifically, the plans required family members to rely on local dental providers, despite the likely shortage of dentists because of the expected population increases. The realignment will increase the ADFM and civilian populations by about 39,100 during peak construction, thus increasing Guam's total population by 22 percent. With only 43 civilian dental providers, population increases could push the population-to-dentist ratio to 5,000-to-1, potentially resulting in Guam's designation as a Health Professional Shortage Area for dental care. The plans were inadequate because Navy officials concluded that the current TRICARE Dental Program network in Guam would be sufficient to provide dental care to ADFMs; however, in arriving at this conclusion, Navy officials did not:

- fully examine the impact the increase in total population would have on the availability of dental care in Guam; and
- coordinate with the TRICARE Management Activity to ensure that the TRICARE Dental Program could continue to provide adequate access to dental care for active duty family members.

If ADFMs do not have adequate access to dental care, it could negatively impact quality of life and morale for active duty members and their families.

What We Recommend

We recommend that the:

- Deputy Director, TRICARE Management Activity, assess the capability of the TRICARE Dental Program to meet access requirements given the projected increases in ADFM, contractor, DoD civilian, and indirect/induced populations.
- Chief, Navy Bureau of Medicine and Surgery, in coordination with TRICARE Management Activity, develop viable plans that fully consider the impact contractor, DoD civilian, and indirect/induced population increases in Guam will have on the availability of dental care for ADFMs.

Management Comments and Our Response

The Deputy Director, TRICARE Management Activity, disagreed with our finding and believes DoD has made more progress in planning than is reflected in this report, and that a growing civilian dental infrastructure will meet the needs of the future ADFM population. We believe that this report fairly presents the extent of DoD planning for ADFM dental care at the time of the audit. However, the actions stated in TRICARE Management Activity's comments were responsive; TRICARE staff's February 2011 review of Guam dental resources, combined with TRICARE's commitment to future coordination with the Navy Bureau of Medicine and Surgery and the Joint Guam Program Office, satisfy the intent of the recommendations.

Recommendations Table

Management	Recommendations Requiring Comment	No Additional Comments Required
Deputy Director, TRICARE Management Activity		1, 2
Chief, Navy Bureau of Medicine and Surgery		2

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Introduction

Objective

Our audit objective was to evaluate DoD plans for providing dental care to active duty family members (ADFMs) in Guam in view of the anticipated growth in population resulting from the planned base closure in Okinawa and subsequent realignment to Guam. Our original audit objective, however, was to determine whether planned health care resources were sufficient to meet requirements as a result of the planned base closure in Okinawa and subsequent realignment to Guam. Based on issues we identified early in the audit, we revised our objective and issued a clarification memorandum stating the revised objective for the first audit: to evaluate plans for providing dental care to ADFMs. Subsequent audits will focus on other issues related to medical planning. See Appendix B for the clarification memorandum. See Appendix A for a discussion of the scope and methodology related to the objective.

Military Buildup in Guam

In 2005 and 2006, the Governments of Japan and the United States held a series of discussions that resulted in an agreement to relocate elements of the III Marine Expeditionary Force from Okinawa, Japan, to Guam. Figure 1 shows that the total active duty (including Coast Guard) and ADFM populations in Guam are projected to increase by approximately 23,000 by 2020.

Figure 1. Guam Active Duty and Active Duty Family Member Populations¹

	Active Duty			Active Duty Family Member			Total Increase	Total Future Population
	Baseline (FY05)	Increase	Future	Baseline (FY05)	Increase	Future		
Army	30	630	660	50	950	1,000	1,580	1,660
Navy	4,350	0	4,350	5,230	0	5,230	0	9,580
Air Force ²	1,930	1,070	3,000	2,280	970	3,250	2,040	6,250
Marine Corps	3	10,552	10,555	2	9,000	9,002	19,552	19,557
Coast Guard ²	140	100	240	180	0	180	100	420
	6,453	12,352	18,805	7,742	10,920	18,662	23,272	37,467

¹ Baseline population from Guam Integrated Military Development Plan, July 11, 2006; Army, Navy, & Marine Corps population increases from Final Environmental Impact Statement, Guam and Commonwealth of the Northern Mariana Islands (CNMI) Military Relocation, July 2010. Projected population increases will occur by 2020.

² Air Force and Coast Guard increases from the 36th Air Wing, March 2010.

In addition to these projected increases, the Guam realignment will add approximately 37,500 civilians (DoD and non-DoD personnel) during the peak construction period in 2014. This increase is expected to level off at about 12,500 by 2020, when construction is scheduled to conclude, and temporary workers will likely leave the island. Population projections are notional and may change over time. We recognize that changes to the population projections could impact medical planning.

The Office of the Secretary of Defense established the Joint Guam Program Office (JGPO) to lead the coordinated planning efforts among DoD Components and other stakeholders to consolidate, optimize, and integrate the existing DoD infrastructure capabilities on Guam. JGPO leadership coordinates with Navy Bureau of Medicine and Surgery (BUMED) officials to ensure Guam plans are developed and strategically aligned with the latest developments and resource timelines for the Guam realignment. Specifically, BUMED is responsible for determining health care requirements for Guam.

Dental Care for Active Duty Family Members

ADFs are entitled to receive dental care in military dental treatment facilities (DTFs) on a space-available basis. However, ADFMs in the Continental United States (CONUS) who are enrolled in the TRICARE Dental Program (TDP) are ineligible for routine care on a space-available basis in the DTFs. Conversely, Outside the Continental United States (OCONUS), ADFMs are eligible for routine care on a space-available basis in the DTFs, even when enrolled in the TDP.¹

TRICARE Dental Program

The TDP is a voluntary dental insurance program offering a network of local dentists who provide a wide range of diagnostic, preventive, and restorative services. TDP enrollment is open to family members of active duty, National Guard, and Reserve service members, as well as certain National Guard and Reserve service members. Enrollees pay a monthly premium and incur a cost share for some services. A contractor manages the TDP and is responsible for developing provider networks, establishing reimbursement rates, and managing access to dental care. TRICARE Management Activity (TMA) supervises and administers all TRICARE programs, including the TDP, and monitors the TDP contractor's performance to ensure adequate access to dental care is available in accordance with contract requirements.

Guam Active Duty Family Members Use Civilian Dentists

Because the Code of Federal Regulations (CFR) designates² Guam as a CONUS TDP service area, ADFMs in Guam who are enrolled in the TDP cannot receive routine dental care in the DTFs. In Guam, 90 percent of ADFMs were enrolled in the TDP as of June 2010. Navy and Air Force dentists in Guam DTFs treated ADFMs 103 times in FY 2009—less than 1 percent of their combined workload. Currently, Guam DTFs are staffed only to treat the active duty (AD) population, and, according to Navy and Air Force officials, this staffing policy is not expected to change.

ADFs, even when enrolled in the TDP, may receive routine dental care at DTFs in locations designated as OCONUS TDP service areas, such as Okinawa. According to

¹ Per section 1077, title 10, United States Code and 32 CFR sec. 199.13 (2009), ADFMs enrolled in the TDP cannot receive dental care in DTFs except when outside the United States, in emergencies, or for benefits not covered by the TDP.

² 32 CFR sec. 199.13 (2009).

Navy and Marine Corps officials, Okinawa DTFs that provide dental care to ADFMs are staffed to accommodate the ADFM workload.

In fact, ADFMs accounted for about 31 percent of the FY 2009 workload at Navy DTFs in Okinawa, compared with less than 1 percent of the workload in Guam DTFs.

...ADFM accounted for about 31 percent of the FY 2009 workload at Navy DTFs in Okinawa, compared with less than 1 percent of the workload in Guam DTFs.

Review of Internal Controls

DoD Instruction 5010.40, “Managers’ Internal Control Program (MICP) Procedures,” July 29, 2010, requires DoD organizations to implement a comprehensive system of internal controls that provides reasonable assurance programs are operating as intended and to evaluate the effectiveness of the controls. We identified a weakness in the Navy’s implementation of internal controls for planning for ADFM dental care in Guam. The Navy prepared a Healthcare Requirements Analysis and a Medical Facilities Master Planning Study to determine Guam’s future medical and dental requirements but, in doing so, did not fully examine the impact of the total increases in population on the availability of dental care in Guam. We will provide a copy of the report to the senior officials responsible for internal controls in the Navy and TMA.

Finding. Active Duty Family Members in Guam Required to Use TRICARE Dental Program Despite Likely Shortage of Dentists

DoD plans for providing dental care to ADFMs in Guam need improvement. Specifically, the plans required ADFMs to rely on local dental providers, despite the likely shortage of dentists because of population increases resulting from the planned base closure in Okinawa and subsequent realignment to Guam. The realignment will increase the ADFM and civilian populations by about 39,100, thus increasing Guam's total population by 22 percent during peak construction. With only 43 civilian dental providers, population increases could push the population-to-dentist ratio to 5,000-to-1, potentially resulting in Guam's designation as a Health Professional Shortage Area for dental care. The plans were inadequate because Navy officials concluded that the current TDP network in Guam would be sufficient to provide dental care to ADFMs. However, in reaching this conclusion, Navy officials did not:

- fully examine the impact the increase in total population would have on the availability of dental care in Guam; and
- coordinate with the TMA to ensure that the TDP could continue to provide adequate access to dental care for active duty family members.

DoD and local civilians, contractors and their dependents, indirect and induced populations,³ and active duty family members will be competing for dental care from the same limited pool of dental providers given the likely shortage of providers. If ADFMs do not have adequate access to dental care, it could negatively impact quality of life and morale for active duty members and their families.

DoD Plans for ADFM Dental Care in Guam Were Inadequate

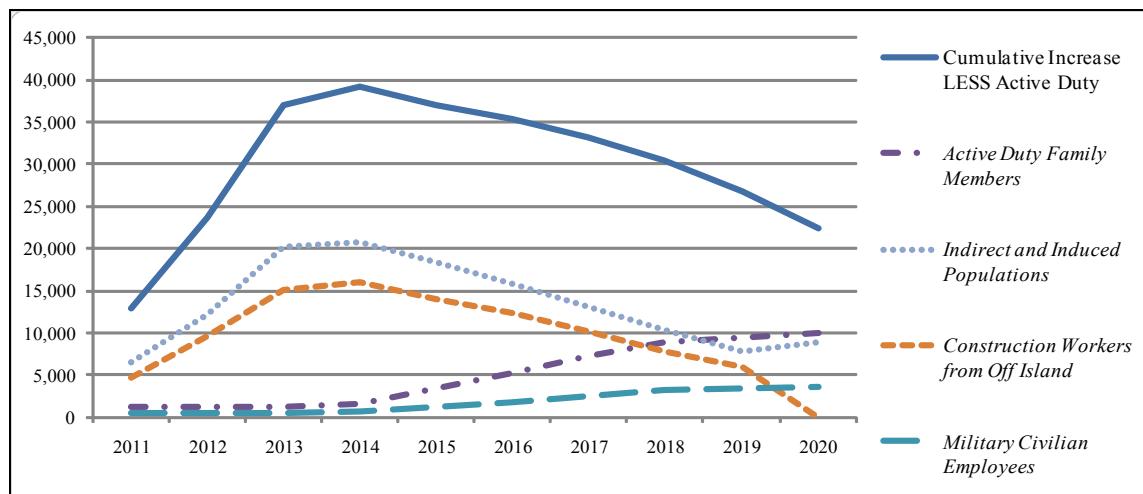
DoD plans required ADFMs to continue to use the local dental care provider network, even though it could well be overtaxed and unable to meet the needs of the increased population. Guam's population (excluding active duty) is expected to increase by about 39,100 (22 percent) during peak construction, thus resulting in an increased demand for dental services from Guam's civilian providers. This increased demand could make it difficult for the TDP contractor to meet the 21-day general dentistry access requirement⁴ for ADFM dental care. We recognize that population projections and construction timelines are subject to change. Figure 2 shows the projected cumulative ADFM and

³ Indirect and induced populations include workers coming from off-island for jobs not directly related to DoD actions.

⁴ The TDP contract states that 99 percent of enrollees must be able to get an appointment for routine general dentistry care within 21 days of requesting an appointment, at a location within 35 driving miles of their primary residences.

civilian population increases in Guam from 2011 through 2020 as of July 2010, with the peak increase of about 39,100 occurring in 2014.

**Figure 2. Projected Cumulative ADFM and Civilian Population Increases
2011 – 2020***



Source: Final Environmental Impact Statement, Guam and CNMI Military Relocation, July 2010

* Civilian workforce increases include accompanying family members.

As of May 2010, 43 private practice civilian dentists⁵ on Guam served a population of more than 175,000—an estimated population-to-dentist ratio of 4,090-to-1. Comparing this ratio with that of the U.S. ratio of 1,691-to-1 shows that, even without the expected population increases, Guam already has significantly lower dental coverage than that of the rest of the United States. The Final Environmental Impact Statement⁶ suggested that Guam's isolated location and typically lower pay scale contributes to an overall shortage of medical and dental providers. Guam's location also makes it impractical for people to leave the island to seek dental care elsewhere.

Temporary Contract Workers Will Need Dental Care In Guam

Marine Corps officials stated that increases in contractor population will not impact the availability of dental care because construction contracts will require that workers who relocate to the island receive medical and dental care in contractor-provided clinics. However, we reviewed Requests for Proposal for two Guam construction contracts, including a \$4 billion multiple-award contract, and found no requirement for contractor-provided dental care. Although the Requests for Proposal included a requirement for comprehensive plans to address medical services, they made no specific mention of dental care requirements other than a pre-deployment dental screening. Even if contractors provide dental care, contract workers and their families will be competing

⁵ Guam private practice dentists include 30 general dentists and 13 specialty providers as of May 2010.

⁶ As required by the National Environmental Policy Act of 1969, the Navy prepared an Environmental Impact Statement which discussed socioeconomic issues, including availability of medical and dental care.

for care from the same pool of providers unless additional providers are brought in from off island.

Network Capacity Model Concluded Dental Network Will Be Stressed

During the audit, the TDP contractor prepared a network capacity model assessing whether the TDP network in Guam could handle the increased number of ADFMs resulting from the Guam realignment. Although the model did not consider the increased civilian populations that will be competing for the same dental services, the TDP contractor concluded that the network dentists would be “stressed” if the projected ADFM population comes to fruition.

Guam is at Risk of Becoming a Health Professional Shortage Area for Dental Care

Without an increase in private-practice dental providers, Guam could become a Health Professional Shortage Area (HPSA) for dental care. A HPSA is a “geographic area, population group, or health care facility that has been designated by the Federal Government as having a shortage of health professionals.” One of the criteria for

DoD and local civilians, contractors and their dependents, indirect and induced populations, and ADFMs will be competing for dental care from a limited number of available providers.

designation as a dental HPSA is a population to full-time equivalent⁷ dentist ratio of 5,000-to-1; in areas with a poverty level greater than 20 percent, the ratio is reduced to 4,000-to-1. According to the Final Environmental Impact Statement, Guam’s poverty rate is 22 percent, making it eligible for HPSA designation with a ratio of 4,000-to-1.

We estimate that Guam’s current population-to-dentist ratio is 4,090-to-1; expected civilian population increases could push the ratio as high as 5,000-to-1 by 2014, settling to 4,612-to-1 by 2020.⁸ DoD and local civilians, contractors and their dependents, indirect and induced populations, and ADFMs will be competing for dental care from a limited number of available providers.

Navy Did Not Fully Examine Increased Population Impact or Coordinate with TMA on TDP Capability

The Navy did not fully examine the impact of the increase in total population on dental care in Guam or coordinate with TMA to ensure that the TDP could continue to provide adequate access to dental care for ADFMs. The Navy prepared a series of planning documents to determine how DoD would satisfy the increased medical and dental requirements resulting from the Guam realignment. However, none of the documents provided evidence that the Navy fully examined whether there would be enough dentists

⁷ “Full-Time Equivalents” as defined by HPSA regulations were not calculated by the audit team. See Scope and Methodology for discussion.

⁸ Assuming the number of practicing civilian dentists remains at 43.

in Guam to handle the expected increase in population. Following are the different plans and what each stated regarding dental care for ADFMs:

- The Healthcare Requirements Analysis, February 2007, stated that it projected only AD workload because the TDP provides dental care for ADFMs. The analysis also stated that the Navy's dental clinic in Guam is the only one in the Far East that does not provide dental care to ADFMs.
- The Medical Facilities Master Planning Study Update, April 2007, was, in part, based on results from the Healthcare Requirements Analysis; as such, the study addressed dental care for AD personnel only. The study stated that the ADFM population currently receives dental care in the civilian market, and "there have been no indications from the Government that accessing dental care for ADFMs will be changing with the population increases that are projected."
- July 2009 and July 2010 working drafts for the Draft Guam Joint Military Master Plan included a summary of the findings from the Medical Facilities Master Planning Study Update and, therefore, discussed ADFM needs for medical care and facilities, but not for dental care.

In addition, before the development of the Medical Facilities Master Planning Study, the Navy did not coordinate with TMA to ensure that the TDP could continue to provide

... the Navy needs to develop adequate plans to address the likelihood of dentist shortages in Guam.

adequate access to dental care for ADFMs. Thus, we believe the Navy needs to develop adequate plans to address the likelihood of dentist shortages in Guam. TMA should determine the impact of projected population increases on the TDP and the ensuing availability of dental care in Guam and

communicate the results to the Navy. If TMA determines that the TDP network will be inadequate to meet the 21-day TDP access requirement, the Navy, in coordination with TMA, should revise plans to ensure ADFMs will have timely access to dental care in Guam. If ADFMs do not have adequate access to dental care, it could negatively impact quality of life and morale for active duty members and their families.

Options For Overcoming Dentist Shortages

There are a number of ways DoD can mitigate the impact of likely dentist shortages on ADFMs' access to dental care. For example, TMA could initiate action to change the CFR and designate Guam as an OCONUS TDP service area. This action would allow enrollees to use either the TDP or the DTF on a space-available basis, and it would reduce some of the increased demand for dental care on the local economy. Guam is the only geographic location in the Far East that is part of the CONUS TDP service area, yet it is considered an OCONUS, or overseas tour area, for other purposes. For example,

- Guam is included in the TRICARE overseas program.
- Navy AD personnel and their family members receive overseas medical screenings prior to assignment.

- Military personnel are entitled to overseas housing and cost-of-living allowances.
- Official travelers are entitled to OCONUS per diem.
- Military alcohol sales are regulated under rules for overseas locations.

Navy officials were concerned that including Guam in the TDP OCONUS service area will cause ADFMs to seek dental care exclusively in DTFs, resulting in a loss of income to local dental providers and increased staffing requirements for DTFs. However, careful planning and coordination can maximize use of the TDP network and, at the same time, ensure DTF dental care is available when necessary to maintain access requirements.

According to TMA officials, the process for obtaining a dental license in Guam is controlled differently than in CONUS. We recognize that such differences may impact planning for dental care for ADFMs in Guam.

Navy and TMA officials discussed other potential options, such as contractor-provided dental care on an as-needed basis, or a private practice dental clinic in the Navy Exchange. However, Navy and Marine Corps officials stated that additional dentists from the U.S. mainland would respond to the increase in population and set up practices in Guam. Officials presented no support for this statement. Regardless of the option selected, TMA and the Navy must fully consider all anticipated increases in population and their effect on the availability of dental care.

Management Comments on the Finding and Our Response

The Deputy Director, TMA, disagreed with the finding and stated that more progress has been made in DoD planning than is shown in the draft audit report. The Deputy Director stated that both TMA and the TDP contractor reviewed network adequacy throughout the planning stages of the Guam realignment and concluded that the network would be stressed but able to handle the influx of family members. In response to the discussion draft audit report, the Deputy Director and staff visited Guam in February 2011 to assess dental planning and civilian dental infrastructure. They met with the Chairman of the Guam Board of Examiners for Dentistry and found that there were 52 practicing dentists in Guam, an increase of 9 providers from their previous assumption of 43. According to the Deputy Director, “the addition of these nine providers is important in the ability to meet the dental needs of the family members assigned to Guam.” Further, TMA learned that Guam is continuing to see growth in the number of dentists applying for licensure and that Guam has the ability, if necessary, to grant licensure based on credentials. The Deputy Director also stated that, based on TMA’s research, projected guest worker populations should not be included in staffing ratios because these populations do not exhibit the same trends for seeking dental care as American family members do.

Moreover, based on meetings with the Joint Guam Program Office, TMA found that timelines for moving personnel to Guam and completing construction projects may be delayed because of environmental, political, and procurement issues. Based on meetings with Naval Hospital Guam, TMA found there are currently 6 dental billets, projected to increase by 10 billets for general dental officers and appropriate specialty dentists. In addition, the hospital will be staffed to handle any emergency dental care for family

members. The Deputy Director concluded that the Guam civilian dental infrastructure is growing and will be able to meet the needs of the active duty family member population.

Our Response

We believe that the draft audit report fairly presents the extent of DoD planning for providing dental care to the expected future population of ADFM in Guam. The only DoD study assessing the availability of dental care for family members was a network capacity model, prepared by the TDP contractor in May 2010—well after we began our audit work and well after DoD had completed key planning documents, such as the Medical Facilities Master Planning Study Update. We acknowledge that the number of Guam dental providers has increased from the previous working assumption of 43—the number provided to us by the TDP contractor and used in its May 2010 network capacity model—and will change over time. Additionally, we recognize that applications for licensure may continue to increase; however, we learned that part of this increase is due to frequent turnover of missionary dentists on temporary assignments to Guam.

Although the number of licensed dentists may increase, the usual departure of missionary dentists, combined with recent and planned retirements, could reduce the number of practicing dentists. In fact, while performing audit work in April 2011 for phase II of the audit, we learned that, 2 months after the TMA visit, the number of practicing dentists had dropped from 52 to 49, with some dentists only practicing part time and others nearing retirement. We also recognize that usage patterns of guest construction workers may differ from those of military and family members. We agree that the Guam relocation initiative timelines may continue to slip; however, TMA and the Navy need to continue to ensure that sufficient dental care is available for the incoming ADFM population. The addition of 10 general dental officers and specialty dentists at Naval Hospital Guam will not affect routine care provided to ADFMs, as they are not eligible to receive dental care in the DTF.

Recommendations, Management Comments, and Our Response

- 1. We recommend that the Deputy Director, TRICARE Management Activity, assess the capability of the TRICARE Dental Program to meet access requirements for active duty family members in Guam given the projected increases in active duty family member, contractor, DoD civilian, and indirect/induced populations. The Deputy Director, TRICARE Management Activity, should communicate the results to the Chief, Navy Bureau of Medicine and Surgery.**
- 2. We recommend that the Chief, Navy Bureau of Medicine and Surgery, in coordination with Deputy Director, TRICARE Management Activity, develop viable plans that fully consider the impact contractor, DoD civilian, and indirect/induced population increases in Guam will have on the availability of dental care for active duty family members.**

TRICARE Management Activity Comments

The Deputy Director, TRICARE Management Activity, neither agreed nor disagreed. In the TRICARE Management Activity comments on a draft of this report, the Deputy Director stated that TRICARE Management Activity staff traveled to Guam in February 2011 to assess dental planning and civilian dental infrastructure; the Deputy Director concluded that the civilian dental infrastructure is growing and will be able to meet the needs of the active duty family member population. Further, the Deputy Director stated that TRICARE Management Activity will continue to work with the Navy Bureau of Medicine and Surgery and the Joint Guam Program Office to ensure adequate dental care is available to the incoming active duty family member population on Guam.

Navy Bureau of Medicine and Surgery Comments

The Chief, Navy Bureau of Medicine and Surgery, neither agreed nor disagreed, deferring to TRICARE Management Activity as the oversight authority for active duty family member dental care in CONUS service areas. The comments reiterate the TRICARE Management Activity conclusion that the civilian dental network in Guam will be adequate to deliver care to the future active duty family member population.

Our Response

The actions stated in TRICARE Management Activity's comments are responsive. As recommended, TRICARE staff's February 2011 review of Guam dental resources considered the impact that contractor, DoD civilian, and indirect/induced population increases in Guam would have on the availability of dental care for active duty family members. In addition, TRICARE's commitment to coordination with the Navy Bureau of Medicine and Surgery and the Joint Guam Program Office to ensure adequate dental care is available in the future, satisfy the intent of the recommendations. No further comments are necessary.

Appendix A. Scope and Methodology

We conducted this performance audit from February 2010 through March 2011 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Our original audit objective was to evaluate the adequacy of medical facilities planning related to Guam. Specifically, we were going to determine whether the planned health care resources were sufficient to meet requirements as a result of the planned base closure in Okinawa, Japan. However, based on issues identified early in the audit, we decided to use a multi-phased audit approach. On June 29, 2010, we issued a clarification memorandum stating that our audit objective for the first audit was to evaluate plans for providing dental care to ADFMs in Guam (see Appendix B).

We interviewed JGPO, TMA, Naval Facilities Engineering Command, BUMED, and Navy Medicine West officials responsible for planning facilities, staffing, and other medical resources in Guam. To gather information on the current services and resources available, we visited the U.S. Naval Hospital Okinawa, 3rd Dental Battalion, and III Marine Expeditionary Force in Okinawa, Japan; and U.S. Naval Hospital Yokosuka, Japan. We also contacted officials from the Apra Harbor Dental Clinic, Anderson Air Force Base Clinic, U.S. Naval Hospital Guam, and Guam Department of Public Health and Social Services.

For information on the planned move to Guam, we reviewed the Draft and Final Environmental Impact Statements, Healthcare Requirements Analysis, Guam Integrated Military Development Plan, Medical Facilities Master Planning Study Update, Draft Guam Joint Military Master Plans, and other resource analyses performed by officials visited. To gather information on dental care in the region, we reviewed the CFR, United States Code, TDP contract, and the Network Capacity Model. We used the population projections and plans to determine the expected population increases in Guam. When considering future population increases, we excluded active duty personnel because they typically do not obtain dental care from civilian providers.

In our analysis of Guam's potential for designation as a HPSA for dental care, we assumed that one dentist was equal to one full-time equivalent (FTE). HPSA regulations contain formulas for determining FTEs that consider age of the provider, number of auxiliary staff employed by the dentist, and number of hours worked; the FTE for a full-time dentist can range from 0.5 to 1.5. Collecting the data necessary to determine the number of FTE dentists was outside the scope of our audit. Using the actual number of FTEs in our calculations may have shown that Guam is more or less likely to qualify for HPSA designation than the scenario presented in this report.

Use of Computer-Processed Data

We did not rely on computer-processed data in developing our findings, conclusions, or recommendations.

Prior Coverage

No prior coverage has been conducted on the adequacy of dental care plans for ADFMs in Guam during the last 5 years.

Appendix B. Memorandum to Clarify Audit Objectives



INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
400 ARMY NAVY DRIVE
ARLINGTON, VIRGINIA 22202-4704

JUN 29 2010

MEMORANDUM FOR DISTRIBUTION

SUBJECT: Clarification of Audit Objectives and Approach for the Audit of the "Adequacy of Medical Facility Planning in Guam" (Project No. D2010-D000LF-0113.000)

We completed our survey work for the subject audit, and we decided to use a multi-phase approach (see attached Memorandum, January 8, 2010). The first phase will continue under the existing project number. However, our revised objective for the first phase is to evaluate plans for providing dental care to active duty family members in Guam. During fieldwork for this phase, we will gather preliminary data for subsequent phases. We will announce new audit projects and objectives for each phase.

You can obtain information about the Department of Defense Office of Inspector General from DOD Directive 5106.01, "Inspector General of the Department of Defense," April 13, 2006, change 1, September 25, 2006; DOD Instruction 7600.02, "Audit Policies," April 27, 2007; and DOD Instruction 7050.3, "Access to Records and Information by the Inspector General, Department of Defense," April 24, 2000. Our Web site address is www.dodig.mil.

If you have any questions, please contact [REDACTED]

A handwritten signature in black ink, appearing to read "Alice F. Carey".

Alice F. Carey
Assistant Inspector General
Readiness, Operations, and Support

Attachment:
As stated

Tricare Management Activity Comments



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
SKYLINE FIVE, SUITE 810, 5111 LEESBURG PIKE
FALLS CHURCH, VIRGINIA 22041-3206

TRICARE
MANAGEMENT
ACTIVITY

APR 1 2011

MEMORANDUM FOR [REDACTED], PROGRAM DIRECTOR, INSPECTOR
GENERAL, DEPARTMENT OF DEFENSE

SUBJECT: TRICARE Management Activity Response to the Draft Report, titled "Guam
Medical Plans Do Not Ensure Active Duty Family Members Will Have Adequate
Access to Dental Care" (Project No. D2010-D000LF-0113.000)

The TRICARE Management Activity (TMA) has reviewed the draft report of the
Department of Defense Office of the Inspector General (DoD IG), titled "Guam Medical Plans
Do Not Ensure Active Duty Family Members Will Have Adequate Access to Dental Care."
Thank you for the opportunity to add the following comments to the record.

TMA feels that more progress has been made in DoD planning than is reflected in the
report. I will highlight the areas below.

TMA has worked closely with the current TRICARE Dental Program (TDP) contractor,
United Concordia Companies, Inc. (UCCI), to ensure that there is an adequate network of dental
providers in Guam. Guam is unique as it is located overseas, but is considered the continental
United States for the TDP as designated by the Code of Federal Regulations. Throughout the
planning stages of potential personnel movement to Guam, TMA and UCCI reviewed network
adequacy and concluded that the networks would be stressed, but could handle the influx of the
family members.

As a result of the DoD IG report, TMA staff recently visited Guam to assess dental care
on the island. The Deputy Director of TMA was accompanied by [REDACTED], TMA
Dental Care Branch Chief, and [REDACTED], TRICARE Area Office Director.
Extensive meetings were held the week of February 7, 2011, to assess the current Guam
realignment planning, military medical and dental planning, and civilian dental infrastructure.

The team met with [REDACTED] who is the Chairman of the Guam Board of
Examiners for Dentistry. [REDACTED] was able to provide very pertinent information, as I will
detail below.

- Number of Dentists—The previous working assumption was that there were 43 civilian
dental providers on Guam. [REDACTED] corrected that assumption, and there are actually
52 practicing civilian dentists. We were provided a list of all 52 dentists by [REDACTED],
Chief of the Guam Health Professional Licensing Office. The addition of these nine
providers is important in the ability to meet the dental needs of the family members
assigned to Guam.

- Increase in Applications for Licensure by New Dentists—[REDACTED] also relayed information that the Guam Dental Board is continuing to see a growth in dentists applying for licensure.
- Licensure by Credentials—Guam has the ability to grant dental licensures by credentials. A licensure by credentials does not require a formal examination and, thus, is a quicker process. The Guam Board is not currently using this process because the number of dentists meets the current demand for dentistry. If demand increases, this is a mechanism to quickly grant dentists licenses.
- Guest Worker Utilization of Guam Dental Care—The bulk of the construction guest workers are expected to come from the surrounding islands in the Pacific. [REDACTED] has experience with these populations. His experience indicates that the guest worker populations do not exhibit the same dental care seeking trends as American family members. The care for this population is extremely limited and is predominantly emergency care.
- Dental Hygiene—Guam lacks a dental hygiene program, and hygienists work as dental expanders. We discussed working with the University of Guam to develop a hygiene program, as this would expand the care giving capability. It was decided that this was not a viable option as the graduating classes would quickly absorb the available jobs, and there would be a glut of hygienists with no available work opportunity.
- Smile Care—The potential for an on-base ‘Smile Care,’ or similar franchise, was discussed very briefly. A contracted dental clinic on the island is not workable according to [REDACTED] understanding of the local Guam laws.

The team also met with the Joint Guam Program Office (JGPO). Salient points from that meeting are as follows.

- Delay in Construction Timeline—Due to environmental, procurement and political causes, the construction timeline has shifted significantly.
- Uncertain Timeline of Military and Family Member Movement—Due to political issues on Guam and Okinawa, as well as construction delays, the movements of the additional military and family member population may be delayed.

The team also met with the medical and dental staffs of Naval Hospital Guam. The important points from that meeting are as follows.

- Naval Hospital Guam Dental Staffing—There are currently 6 dental billets.
- Future Dental Staffing—There is a projected increase of 10 general dental officers and appropriate specialty dentists.

- Emergency Dental Care for Family Members—Naval Hospital Guam will be staffed to handle any emergency dental care by family members. No family member will have delayed access to care for an emergent dental condition.

Our recent trip to Guam has shown that the Guam civilian dental infrastructure is growing and will be able to meet the needs of the Active Duty family member (ADFM) population. Our research has also shown that we should not include the guest worker population into any staffing ratios as this population does not access dental care in the same manner as Americans. Given the number of family members due to be relocated to Guam, the historic utilization of dental care for TDP enrollees, and the growing network, TMA disagrees with the finding that DoD has not planned properly for the dental care for ADFMs assigned to Guam.

TMA will continue to work with the Navy Bureau of Medicine and Surgery (BUMED) and Navy Medicine West to ensure adequate dental care is available to the incoming population on Guam. As previously mentioned, we do not agree that the guest worker population should be considered in any planning ratios. Close coordination between JGPO, TMA, BUMED, and Navy Medicine West will ensure dental care is available for family members located on Guam.

Thank you for allowing us to provide these comments for the record. My staff is available to provide additional information as needed.

Sincerely,



 C. S. Hunter
RADM, MC, USN
Deputy Director

Bureau of Medicine and Surgery Comments



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

29 Mar 11

MEMORANDUM FOR ASSISTANT SECRETARY OF THE NAVY (M&RA)

SUBJECT: DOD IG Draft Report "Guam Medical Plans Do Not Ensure Active Duty Family Members Will Have Adequate Access To Dental Care"

Thank you for the opportunity to review the subject report and respond to recommendation number two.

The Bureau of Medicine and Surgery (BUMED) is responsible for maintaining Operational Dental Readiness (ODR) and dental health (DH) for active duty personnel worldwide and provides emergency and palliative dental treatment to non-active duty under humanitarian circumstances (section 1077, title 10 U.S. Code). Planned dental officer staffing increases on Guam through the year 2020 are in line with projected increases in the active duty Navy and Marine Corps population, enabling dental facilities on Guam to continue meeting ODR and DH requirements.

BUMED defers to the TRICARE Management Activity (TMA) as the oversight authority for active duty family member dental care in CONUS service areas. TMA's assessment is that the network of civilian dental providers on Guam will be adequate to deliver care to the increasing patient population.

The BUMED point of contact on this issue is [REDACTED]


D. R. GINTZLER
Deputy Chief, Medical Operations



Inspector General Department of Defense